

Teen Library Council Application 2025-2026

Please print neatly and answer every question. Parents, please let your teen complete the application themselves. Return the completed application to the Library's Kids Desk or email to amanda.cawthon@cedarparktexas.gov by August 29.

First Name:		Last Name:	
Preferred Name:		Pronouns (optional):	
Email:		Phone:	
Address:			
Age:	_ School:		
Parent/Guardian name:			
Parent/Guardian email:		Parent/Guardian phone:	
meeting of the year is T	uesday, September 16. Can you co I year from September through Ma	month on Tuesday evenings from 6:30-7:30 p.m. The ommit to attending meetings regularly, missing no may?	
	Cedar Park Public Library?		
•	per year 1-2 times per mont	th 3+ times per month	
	ouncil is limited. What will make y		
What kind of events for	teens would you like to see at the	library?	
What are some of your	favorite books, movies, TV shows,	music, games, hobbies, etc.?	
What book would you re	ecommend to another teen?		
What 5 words would be	st describe you?		
Teen Signatur	re & Date	Parent/Guardian Signature	